



California  
Department of  
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**

June 7, 2002



GRAY DAVIS  
Governor

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Health Executives  
All County Mental Health Directors

Letter No.: 02-33

**MEDICARE PLUS CHOICE (M+C) HEALTH MAINTENANCE ORGANIZATION (HMO)  
PREMIUM PAYMENT PROGRAM**

Ref.: All County Welfare Directors Letter (ACWDL) No. 01-28

The purpose of this ACWDL is to provide a list of M+C HMOs participating in the M+C Premium Payment Program in 2002, along with clarification and identification criteria for the M+C Premium Payment Program. Enclosed are copies of the revised M+C "Welcome" and "Termination" letters in both English and Spanish (See Enclosures 1 through 5), and answers to questions raised by the County Welfare Directors' Association, Medical Care Committee (See Enclosure 6).

Effective January 2001 the Center for Medicaid and Medicare Services (CMS) required all M+C plans to collect additional premium amounts from all of their members. Also effective in January 2001 the Department of Health Services (DHS) implemented the M+C Premium Payment Program to pay the additional premium amounts to certain M+C plans for certain Medi-Cal beneficiaries. The M+C Premium Payment Program continues in 2002 with one important difference. In 2001 DHS contracted and paid premiums to only the M+C plans that provided both brand and generic prescription drug coverage. In 2002 to cut costs, many Medicare HMOs reduced their prescription drug coverage to include only generic prescriptions. In order to provide continuity of care to the vulnerable population enrolled in the M+C Premium Payment Program, DHS will now pay additional premiums to both Medicare HMOs that offer only generic drug coverage and those that offer a mix of brand and generic drug coverage.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

714 P STREET, ROOM 1692, P.O. BOX 942732, SACRAMENTO, CA 94234-7320  
(916) 657-2941

Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

Identification criteria for the M+C Premium Payment Program is as follows:

- Beneficiaries must be receiving full-scope Medi-Cal with or without a share-of cost, (this includes beneficiaries eligible for the Aged and Disabled Programs with Aid Codes 1H and 6H);
- Beneficiaries must have a confirmed Medicare Buy-In reported on the Medi-Cal Eligibility Data System (MEDS). The confirmation code will be reported on the Buy-In Inquiry Screen, in the Current Buy-In Status Field with the first two digits of 11;
- Beneficiaries must be entitled to and receiving Medicare Part A and B benefits. This information will be reported to the MEDS primary screen with the Medicare status code of "32" or "22". Railroad Board cases will be reported with a Medicare status code of "12";
- Beneficiaries must be enrolled in an M+C HMO plan offering a prescription drug benefit. In 2001 to be eligible for the M+C Premium Payment Program, plans must have included a mix of brand name and generic prescription drugs. In 2002 plans may offer either mix of brand and generic drugs or only generic drugs.
- Beneficiaries must have an active Medicare HMO Health Insurance Segment (HIS) on MEDS that reflects Medicare HMO enrollment in a Medicare HMO currently participating in the M+C Premium Payment Program. The HIS is located on the MEDS Health Insurance Action Request screen (See Enclosure 7 for a list of currently qualified Medicare HMOs and HIS codes valid for 2002).
- Beneficiaries must currently reside in an area where a participating M+C HMO plan is offered (Kaiser beneficiaries may be eligible for grandfathered coverage if they were a member of Kaiser Senior Advantage prior to 1998 even though they no longer reside in that county). The participating M+C HMO plan must contract with DHS to receive premium

**IMPORTANT NOTE:** Although we are providing a list of participating M+C Premium Payment Program HMOs and the counties in which they provide coverage, counties should use this list only as a general guide (Enclosure 7). Many Medicare HMOs meet the requirements to be enrolled in the M+C Premium Payment Program, but are participating in only certain areas within a county (not countywide). In some cases this

coverage cannot be identified by zip code. Counties should direct beneficiaries to contact the Medicare HMO directly to inquire if a M+C product providing prescription drug coverage is provided in their area. A list of beneficiary contact numbers for the different plans DHS contracts with in 2002 is enclosed (See Enclosure 8).

Enrollment for beneficiaries meeting these requirements will then be processed and added to the Medi-Cal Extranet for State Health Care (MESH) tape. The MESH tape is sent to the Medicare HMO plans informing them that the State will pay the premium for these beneficiaries. If a beneficiary no longer meets the above-mentioned criteria, the beneficiary will be terminated from the M+C Premium Payment Program and will be deleted from the next MESH tape. Beneficiaries being added or terminated from the M+C Premium Payment Program will receive a letter from DHS informing them of these actions (see Enclosures 1 and 5). In addition, on December 14, 2001, DHS sent three one-time letters to notify beneficiaries of 2002 DHS payments of their M+C premiums (See Enclosures 2, 3, and 4). The "welcome" and "termination" letters are sent around the 20<sup>th</sup> of each month.

Currently, DHS pays M+C premiums for the current month of eligibility only. If a beneficiary is entitled to retroactive Buy-In, the beneficiary may also be entitled to a retroactive payment of the M+C HMO premium. Beneficiaries, county eligibility workers, and/or providers may request that the Medicare Operations Unit (MOU) of the Third Party Liability Branch investigate possible retroactive entitlement. If the beneficiary is entitled to retroactive premium payment, DHS staff will research, and if the beneficiary meets all eligibility factors, a payment will be made to the M+C Plan, who will reimburse the beneficiary for past premium amounts within 60 days after receiving payment from DHS. Reimbursements cannot be issued for Medicare HMO premiums paid prior to January 2001. In 2002, M+C Premium Payment Program beneficiaries enrolled the M+C plans that did not meet DHS requirements for premium payment in 2001 are not eligible to receive reimbursement for Medicare HMO premiums paid prior to January 2002.

As the M+C Premium Payment Program is voluntary, beneficiaries or county staff may request exclusion by calling or writing MOU. The MOU toll free beneficiary line is 1-866-227-9863. The address for MOU is:

Department of Health Services  
Third Party Liability Branch  
Attention: Medicare Operations Unit  
P.O. Box 1287  
Sacramento, California 95812-1287

Once DHS receives this information, MOU staff will code the HIS, indicating that the beneficiary wishes not to participate and premium payment will discontinue. Since the M+C Premium Payment Program enrollment or disenrollment does not terminate or reduce Medi-Cal eligibility or benefits, State Hearing rights do not apply. However, if beneficiaries have questions and/or concerns, regarding the M+C Premium Payment Program, they should contact the MOU toll-free line listed above.

If you have any questions regarding this letter or the M+C Premium Payment Program, please contact Ms. Carol A. Kennedy of the Third Party Liability Branch at (916) 323-9603.

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosures

**DEPARTMENT OF HEALTH SERVICES**

THIRD PARTY LIABILITY BRANCH  
HEALTH INSURANCE SECTION  
P.O. BOX 1287  
SACRAMENTO, CA 95812-1287

Enclosure 1

**COPY**

Date: December 14, 2001

To: Dual Eligible Medicare and Medi-Cal Beneficiaries

Subject: State Payment of Medicare Health Maintenance Organization (HMO)  
Premiums And Information Regarding Co-payments

[ Para español al reverso.]

You have been identified as a member of a Medicare HMO. Because you are in a Medicare HMO and also have Medi-Cal, the State of California will pay the monthly premium for the Medicare HMO. Here are some important points you should know:

1. Medicare HMO premiums will be paid for those Medi-Cal/Medicare beneficiaries who are enrolled with a Medicare HMO, which offers a prescription drug benefit. The Department of Health Services (DHS) will send payments directly to your Medicare HMO as soon as possible to make sure your coverage is continued.
2. You do not need to tell your Medicare HMO that the State will be paying your premiums. DHS will tell your Medicare HMO.
3. If you have both Medi-Cal and Medicare benefits, and also made payments for January 2001 or later you may be able to get a refund from your Medicare HMO. (If the Medicare HMO you joined did not contract with the State for premium payments in 2001, the refund cannot start sooner than January 2002.) Please allow 60 days for processing your enrollment before contacting DHS. DHS will look to see if you can get refunds for months you already paid premiums for.

If your Medicare HMO payments are paid by an Employer Group plan, this letter does not apply to you. If the State pays your Medicare HMO premiums and your Medicare HMO decides not to take part in the State's Premium Payment Program, you may have to pay your Medicare HMO premiums.

**IMPORTANT:** You may not have to pay Medicare HMO co-payments if your provider is also a Medi-Cal Provider and you do not have a Medi-Cal share of cost.

If you have any questions regarding the State payment of your Medicare HMO premium, please call DHS, Medicare Operations Unit at 1-866-227-9863.

Thank you for your cooperation.

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714 P STREET  
P.O. BOX 1287  
SACRAMENTO, CA 95812-1287  
(916) 322-0251

**COPY**

Enclosure 2

Date: December 14, 2001

To: All Medicare Plus Choice Plan Members

Re: Medicare Health Maintenance Organization (HMO) Premiums And  
Information Regarding Co-payments

[ Para español al reverso.]

Our records show that you are now currently enrolled in a Medicare HMO that will be contracting with the State of California for premium payments in 2002. Here are some important points you should know:

1. The State of California will pay your Medicare HMO premium beginning in January 2002.
2. You do not need to tell your Medicare HMO that the State will be paying your premiums. The Department of Health Service (DHS) will tell your Medicare HMO.
3. If you recently changed your Medicare HMO enrollment, please check with your Medicare HMO to see if the plan contracted with the State of California for premium payments.
4. If you have both Medi-Cal and Medicare benefits, and also made payments for January 2001 or later you may be able to get a refund from your Medicare HMO. (If the Medicare HMO you joined did not contract with the State for premium payments in 2001, the refund cannot start sooner than January 2002). Please allow 60 days for processing your enrollment before contacting DHS. DHS will look to see if you can get refunds for months you already paid premiums for.

**IMPORTANT:** You may not have to pay Medicare HMO co-payments if your provider is also a Medi-Cal Provider and you do not have a Medi-Cal share of cost.

If you have any questions regarding your Medicare HMO, please call 1-800-Medicare (1-800-633-4227), for TTY/TDD, 1-877-486-2048, or on the Internet at [www.Medicare.gov](http://www.Medicare.gov). If you have any questions regarding the State payment of your Medicare HMO premium, please call DHS, Medicare Operations Unit at 1-866-227-9863.

Thank you for your cooperation.

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714 P STREET  
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SACRAMENTO, CA 95812-1287  
(916) 322-0251

Enclosure 3

**COPY**

Date: December 14, 2001

To: Medicare Plus Choice Plan Members

Subject: Termination of State Premium Payments for your Medicare Health Maintenance Organization (HMO)

[Para español al reverso.]

Our records show that you are currently enrolled in a Medicare HMO that no longer offers a plan in your county that meets the State's rules to receive premium payments. If you want to stay in your Medicare HMO, you will have to pay your premiums beginning in January, 2002.

You can get information on what Medicare plans are available in your county by calling 1-800-medicare (1-800-633-4227), for TTY/TDD, 1-877-486-2048, or on the Internet at [www.medicare.gov](http://www.medicare.gov). Also, you may wish to contact your local Health Insurance Counseling and Advocacy Program (HICAP) to help you decide on what Medicare Plan is right for you. To find out how to contact your local HICAP, Please call 1-800-434-0222.

To make sure that there is very little out-of-pocket expense on your part, you should ask the Medicare HMO you are thinking of joining whether they contract with the State for premium payments. A Medicare HMO plan must offer a prescription drug benefit and contract with the State in order to receive premium payments.

Please be aware that there is no formal State hearing process regarding the State's contractual relationship to these Medicare HMOs or your choice of these optional plans.

If you have any additional questions regarding a Medicare HMO and whether they contract with the State for premium payments, please call the plan directly. If you have questions regarding termination of State payment of your Medicare HMO premiums, please call the Medicare Operations Unit of the Department of Health Services at 1-866-227-9863.

**DEPARTMENT OF HEALTH SERVICES**

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P.O.BOX 1287  
SACRAMENTO, CA 95812-1287  
(916) 322-0251

**COPY**

Enclosure 4

Date: December 14, 2001

To: Medicare Plus Choice Plan Members

Subject: Termination of State Premium Payments for your Medicare Health Maintenance Organization (HMO)

[ Para español al reverso.]

Our records show that you are now enrolled in a Medicare HMO that will no longer contract with the State of California for premium payments. If you wish the State to continue paying your premiums, you will have to find another Medicare HMO in your county who is contracting with the State to receive premium payments. If you do not find another Medicare HMO in your County, which is contracting with the State to receive premium payments, you will have to pay your premiums beginning January 2002.

To make sure that there is very little out-of-pocket expense on your part, you should ask the Medicare HMO you are thinking of joining whether they contract with the State for premium payments. A Medicare HMO plan must offer a prescription drug benefit and contract with the State in order to receive premium payments.

Information on what Medicare plans are available in your county is available by calling 1-800-medicare (1-800-633-4227) for TTY/TDD 1-877-486-2048, or on the Internet at [www.medicare.gov](http://www.medicare.gov). Also, you may wish to contact your local Health Insurance Counseling and Advocacy Program (HICAP) to help you decide on what Medicare Plan is right for you. To find out how to contact your local HICAP, Please call 1-800-434-0222.

Please be aware that there is no formal State hearing process regarding the State's contractual relationship to these Medicare HMOs or your choice of these optional plans.

If you have any additional questions regarding a Medicare HMO and whether they contract with the State for premium payments, please call the plan directly. If you have questions regarding termination of State payment of your Medicare HMO premiums, please call the Medicare Operations Unit of the Department of Health Services at 1-866-227-9863.



**DEPARTMENT OF HEALTH SERVICES**

THIRD PARTY LIABILITY BRANCH  
HEALTH INSURANCE SECTION  
P.O. BOX 1287  
SACRAMENTO, CA 95812-1287

**COPY****Enclosure 5**

Date: December 14, 2001

To: Medicare Health Maintenance Organization (HMO)/ Medi-Cal  
Beneficiaries

Subject: Termination Of State Payment Of Medicare HMO Premiums

[Para español al reverso.]

The State of California can no longer pay your Medicare HMO premiums due to one or more of the following reasons:

- You told your Medicare HMO that you did not want to take part in their plan anymore. If you join another Medicare HMO that the State will pay premiums for, the State will start paying the premiums again.
- You asked that the State no longer pay these premiums for you. If you made a mistake and you do want the State to pay your premiums, Please call the Department of Health Services (DHS) at 1-866-227-9863 as soon as possible.
- We were told that you cannot get full scope Medi-Cal benefits – with or without a share of cost. You should have gotten a notice telling you that your Medi-Cal is ending. If you did not get a notice, or if you have questions about getting Medi-Cal benefits, you can call your local County Department of Social Services or Welfare Department, check your local telephone book under county offices.
- You can no longer get the State payment of your Medicare Part B premiums. Please check with your local Social Security Office or call DHS at 1-866-227-9863 to ask why you are not getting this benefit.
- Your HMO has identified you as a Group Retiree Plan member. Your premiums are being paid by an Employer Group.
- Your Medicare HMO no longer offers a prescription drug benefit or no longer contracts with the State, in order to receive premium payments.

If you want to stay in your Medicare HMO, you will have to pay your premiums, as directed by your plan. Also, if you want to stay in your Medicare HMO, and you cannot get Medi-Cal or State payment of your Medicare Part B premiums, you will have to pay the Medicare Part B premiums as well.

If you have questions about your Medicare HMO plan or the premiums, call the plan's Member Services Department (the number is listed on your health insurance

card). If you have questions about why the State is not paying your Medicare HMO premiums, please call DHS at 1-866-227-9863.

**County Welfare Director's Association/Medical Care Committee  
Questions and Answers  
January 2002**

**Q1. What is happening to people who did not send in their January 2001 Medicare Plus Choice (M+C) Health Maintenance Organization (HMO) premium and/or who may have disenrolled after receiving a "premium payment due" increase notice from their health plan, prior to receiving the Department of Health Services (DHS) letter?**

A1. DHS worked closely with the nine M+C HMOs, providing each with a list of persons for whom the State was paying premiums. Plans did not disenroll persons in January for failure to pay a premium, because of the notification requirements that these M+C HMOs must follow. If individuals asked to be disenrolled, the plans would have done so. These eligible individuals have the choice to reapply with their M+C and DHS will pay their premiums. They must contact their M+C HMO to be sure that they are still accepting new enrollees.

**Q1-A. Is there an easy way for individuals to get back on their health plan?**

A1-A. Initial enrollment in a M+C HMO is a transaction between the individual and Social Security Administration (SSA). Individuals wanting to re-enroll in the same M+C HMO should contact the customer service representatives of the M+C HMO. Individuals wanting to enroll in another M+C HMO should contact the M+C HMO they are thinking of joining directly and ask if the M+C plan contracts with the State for premium payments. Individuals should also let the "old M+C HMO" and/or SSA know in writing that they are disenrolling from the "old" HMO.

**Q2. How will beneficiaries be reimbursed if they actually paid the M+C HMO premium, not knowing the State would pay?**

A2. Beneficiaries should continue to pay the M+C HMO premium until the M+C HMO notifies the beneficiaries that the State is paying the premium for them. The M+C HMO will make any reimbursement due directly to the beneficiaries within 60 days after the HMO has received payment from the State. The M+C HMO is aware that it is subject to audit by both the Centers for Medicare and Medicaid Services and the State of California HMO regarding any funds received. The contractual arrangement that governs premium payments includes a reconciliation process and requires such reimbursement.

**Q3. Who should beneficiaries contact with questions?**

A3. Beneficiaries with questions related to Medicare (including enrollment in M+C HMOs) should be referred to 1-800-MEDICARE or the Medicare website at [www.medicare.gov](http://www.medicare.gov). Beneficiaries with questions related to Medicare entitlement should be referred to either the local SSA District Office or the SSA toll-free number (800-772-1213). Beneficiaries that need help deciding which health coverage is right for them should call the Health Insurance Counseling and Advocacy Programs' (HICAP) toll free number (1-800-434-0222) to obtain the HICAP office number in their area. Questions related to the State's payment of M+C HMO premiums or Medicare Buy-In should be referred to the Medicare Operations Unit (MOU) at (866) 227-9863.

**Q4. How will beneficiaries be notified that their M+C HMO premium was paid?**

Q4. When the State makes the initial payment on behalf of a beneficiary, a letter will be generated by the State. Similarly, when the State determines that payments will no longer be made, a letter will be generated. These letters are informational in nature. Beneficiaries should continue to pay their M+C HMO premiums until they are notified by their M+C HMO to do otherwise. There is no monthly notification for ongoing payments.

**Q5. When the county initially grants a case, should the Medicare HMO premium be allowed as a deduction for two months similar to what is done for Part B Buy-In?**

Q5. The Medi-Cal beneficiary has to be enrolled in the Medicare Buy-In program before the State will begin to pay the premium for the M+C HMO. This means that the beneficiary is paying for his/her M+C HMO premium. If the beneficiary is making payments for the M+C HMO premium during the two-month waiting period, he/she is entitled to the deduction for the payment of health care premiums. Beneficiaries in aid categories that do not have the two-month waiting period for Medicare Buy-In (aid codes 16, 18, 26, 28, 66, 68), or are eligible for the Qualified Medicare Beneficiary or Specified Low Income Beneficiary program can be reimbursed by the M+C HMO and do not qualify for the health care premium deduction.

**Q6. Are any recipients in my county going to have their premiums paid by the State?**

A6. In order to be considered a part of the M+C premium payment process, the M+C HMO plan must offer prescription drug coverage. Only plans that meet this criteria and contract with DHS for the M+C HMO Premium Payment program can participate. All plans are not available in every county, even if the plans are M+C HMOs.

**Q7. Is Pacificare the same as Blue Cross?**

A7. No they are two distinct companies. Pacificare's program is called "Secure Horizons" and the Blue Cross program is called "Senior Secure".

**Q8. My county has not received any listing. Why?**

Q8. Counties may not have received a listing if:

- there are no participating M+C HMOs plans that meet the criteria mentioned in A6;  
or
- the county contact person listed with MOU is not current. Please contact Harold Splain at (916) 323-9700 to ensure that contact information is correct.

2002 MEDICARE PLUS CHOICE PLANS AND COUNTY LIST							Rev. 12/10/01
CC	County	Premium	Prescription	CC	County	Premium	Prescription
<b>Aetna (A515)</b>				<b>Kaiser (K999)</b>			
16	Kern	\$ 35.00		1	Alameda	\$65.00	\$1,000 B&G
37	San Diego	\$ 25.00		2	Alpine	\$80.00	OOA, \$1,000B&G
33	Riverside	\$ 25.00	\$1,000 B;UNLG	3	Amador	\$80.00	\$1,000 B&G
36	San Bernardino	\$ 25.00	\$1,000 B;UNLG	4	Butte	\$80.00	OOA, \$1,000B&G
19	Los Angeles	\$ 25.00	\$1,000B;UNLG	5	Calaveras	\$80.00	OOA, \$1,000B&G
30	Orange	\$ 25.00	\$1,000B;UNLG	6	Colusa	\$80.00	OOA, \$1,000B&G
				7	Contra Costa	\$65.00	\$1,000 B&G
				8	Del Norte	\$80.00	OOA, \$1,000B&G
				9	El Dorado	\$80.00	\$1,000 B&G
				10	Fresno	\$60.00	\$1,000 B&G
<b>Blue Shield (B201)</b>				11	Glenn	\$80.00	OOA, \$1,000B&G
15	Kern	\$ 30.00		12	Humboldt	\$80.00	OOA, \$1,000B&G
37	San Diego	\$ 19.95		13	Imperial	\$57.00	\$2,000 B & G
39	San Joaquin	\$ 50.00		14	Inyo	\$75.00	OOA, \$2,000B&G
50	Stanislaus	\$ 50.00		15	Kern	\$57.00	\$2,000 B&G
56	Ventura	\$ 50.00		16	Kings	\$60.00	\$1,000 B&G
				17	Lake	\$80.00	OOA, \$1,000B&G
<b>Blue Cross (C400)</b>				18	Lassen	\$80.00	OOA, \$1,000B&G
15	Kern	\$ 30.00	UNLG	19	Los Angeles	\$35.00	\$2000 B&G
37	San Diego	\$ 15.00	UNLG	20	Madera	\$60.00	\$1,000 B&G
43	Santa Clara	\$ 50.00	UNLG	21	Marin	\$80.00	\$1,000 B&G
56	Ventura	\$ 40.00	UNLG	22	Mariposa	\$60.00	\$1,000 B&G
				23	Mendocino	\$80.00	OOA, \$1,000B&G
<b>Health Net (H311)</b>				24	Merced	\$80.00	OOA, \$1,000B&G
1	Alameda	\$ 30.00		25	Modoc	\$80.00	OOA, \$1,000B&G
7	Contra Costa	\$ 40.00		26	Mono	\$80.00	OOA, \$1,000B&G
15	Kern	\$ 40.00	UNLG	27	Monterey	\$80.00	OOA, \$1,000B&G
31	Placer	\$ 60.00	UNLG	28	Napa	\$65.00	\$1,000 B&G
34	Sacramento	\$ 60.00	UNLG	29	Nevada	\$80.00	OOA, \$1,000B&G
37	San Diego	\$ 35.00	UNLG	30	Orange	\$35.00	\$2,000B&G
38	San Francisco (After 1/02)	\$85	UNLG	31	Placer	\$80.00	\$1,000 B&G
41	San Mateo	\$ 85.00	UNLG	32	Plumas	\$80.00	OOA, \$1,000B&G
42	Santa Barbara	\$ 75.00	UNLG	33	Riverside	\$57.00	\$2,000 B&G
43	Santa Clara	\$ 85.00	UNLG	34	Sacramento	\$80.00	\$1,000 B&G
57	Yolo	\$ 60.00	UNLG	35	San Benito	\$80.00	OOA, \$1,000B&G
				36	San Bernardino	\$57.00	\$2,000 B&G
				37	San Diego	\$57.00	\$2,000 B&G
<b>National Health (N366)</b>				38	San Francisco	\$80.00	\$1,000 B&G
50	Stanislaus	\$ 20.00		39	San Joaquin	\$80.00	\$1,000 B&G
				40	San Luis Obispo	\$75.00	OOA, \$2,000B&G
				41	San Mateo	\$80.00	\$1,000 B&G
<b>InterValley Health Plan (I259)</b>				42	Santa Barbara	\$75.00	OOA, \$2,000B&G
33	Riverside	\$ 50.00	\$450 Qtrly B&G	43	Santa Clara	\$80.00	\$1,000 B&G
36	San Bernardino	\$ 30.00	\$450 Qtrly B&UNLG	44	Santa Cruz	\$80.00	OOA, \$1,000B&G
				45	Shasta	\$80.00	OOA, \$1,000B&G
<b>Pacificare (P444)</b>				46	Sierra	\$80.00	OOA, \$1,000B&G
9	El Dorado	\$ 100.00		47	Siskiyou	\$80.00	OOA, \$1,000B&G
13	Imperial	\$ 20.00		48	Solano	\$80.00	\$1,000 B&G
28	Napa	\$ 20.00		49	Sonoma	\$80.00	\$1,000 B&G
38	San Francisco	\$ 50.00		50	Stanislaus	\$80.00	\$1,000 B&G
49	Sonoma	\$ 70.00		51	Sutter	\$80.00	\$1,000 B&G
1	Alameda	\$ 49.00	UNLG	52	Tehama	\$80.00	OOA, \$1,000B&G
7	Contra Costa	\$ 59.00	UNLG	53	Trinity	\$80.00	OOA, \$1,000B&G
15	Kern	\$ 55.00	UNLG	54	Tulare	\$60.00	\$1,000 B&G

PacifiCare (P444) Con't				Kaiser (K999) Con't			
31	Placer	\$ 50.00	UNLG	55	Tuolumne	\$80.00	OOA, \$1,000B&G
33	Riverside	\$ 30.00	UNLG	56	Ventura	\$75.00	\$2,000 B &G
34	Sacramento	\$ 50.00	UNLG	57	Yolo	\$80.00	\$1,000 B&G
36	San Bernardino	\$ 30.00	UNLG	58	Yuba	\$80.00	\$1,000 B&G
37	San Diego	\$ 30.00	\$2,000 B&G				
39	San Joaquin	\$ 70.00	UNLG				
40	San Luis Obispo	\$ 65.00	UNLG				
41	San Mateo	\$ 70.00	UNLG				
42	Santa Barbara	\$ 65.00	UNLG				
43	Santa Clara	\$ 85.00	UNLG				
50	Stanislaus	\$ 50.00	UNLG				
56	Ventura	\$ 50.00	UNLG				
<b>Western Health Advantage (W105)</b>							
31	Placer	\$ 50.00	UNLG				
34	Sacramento	\$ 50.00	UNLG				
48	Solano	\$ 40.00	\$1,000 B&G				
57	Yolo	\$ 50.00	UNLG				
<b>B= Brand</b>				<b>Delete</b>			
<b>G= Generic</b>				<b>No Change</b>			
<b>B&amp;G = Brand and Generic</b>				<b>ADD</b>			
<b>UNLG = Unlimited Generic</b>							
<b>OOA = Out-of Area Zip - some benes</b>							
<b>'grandfathered'.</b>							
<p>*** Health Net San Francisco will not participate in January 2002, but will start again in February 2002.</p>							

### Where to Contact Medicare HMO Companies

If you are interested in joining a specific Medicare HMO plan that contract with the Department of Health Service for the Medicare Plus Choice Plan, call the enrollment information phone numbers listed below. Current Members should call the customer service number.

<b>Company Name</b>	<b>Plan Name</b>	<b>Enrollment Information</b>	<b>Customer Service</b>
Aetna U.S. Healthcare of California	Golden Medicare 5/10	(800) 366-4355	(800) 282-5366
Blue Cross of California	Senior Secure	(888) 230-7388	(888) 230-7338
Health Net	Seniority Plus/Seniority Plus EGHP	(800) 935-6565	(800) 275-4737
Inter Valley Health Plan	Service to Seniors	(800) 251-8191	(800) 251-8191
Kaiser Permanente	Senior Advantage	(800) 579-7085	(800) 579-7085
PacifiCare of California	Secure Horizons-Plus Basic/Standard I Standard II	(888) 563-2250	(800) 228-2144
Western Health Advantage	WHA Care +	(888) 563-2250	(888) 563-2250